

Williamstown Township

4990 Zimmer Rd., Williamston, MI 48895 WilliamstownTownship.com P. (517)655-3193 | F: (517)655-3971

IN ORDER TO OBTAIN A BUILDING PERMIT FOR NEW HOME CONSTRUCTION, THE FOLLOWING DOCUMENTS ☐ COMPLETED BUILDING PERMIT APPLICATION ☐ PROOF OF OWNERSHIP COPY OF CURRENT BUILDERS LICENSE (or have one on file at Township Office) ☐ SIGNED INSURANCE ADDENDUM (commercial buildings are exempt) ☐ TWO SETS OF BLUEPRINTS (In addition: if structure OVER 3500 SQ FT, blueprints must be sealed by an architect licensed in the State of Michigan) ☐ MICHIGAN ENERGY CODE FORM A COMPLETE PLOT PLAN THAT MUST INCLUDE THE FOLLOWING: Location of proposed Building with distance from proposed Building to FRONT, BACK and BOTH SIDE property Location of all existing structures on the site and their distance from the proposed Building Location of all bodies of water (creeks, ponds, wetlands, etc) on the site and their distance from proposed Building Location of all underground or overhead utilities, well and septic drain field Directional North Road location Site plan may be hand-drawn, but MUST be representative of actual site, and to scale. □ SOIL EROSION PERMIT OR WAIVER - REQUIRED/ISSUED BY THE INGHAM COUNTY DRAIN COMMISSION (PROJECTS THAT INVOLVE GRADING OF SOIL) - (676-8395) (The soil erosion act requires a permit for any project with a disturbance of greater than one acre and within 500 feet of an inland lake or stream. Any project that disturbs less than one acre and is greater than 500 feet from an inland lake or stream does not require a permit but will still be issued a waiver. Projects that are less than 225 square feet of disturbance and will not contribute sediment to the Waters of the state are issued a waiver but also require a signed affidavit from the landowner.) ☐ HEALTH PERMIT (WELL AND SEPTIC) — REQUIRED/ISSUED BY THE INGHAM COUNTY HEALTH DEPT.

IMPORTANT NOTE: PLEASE MAKE SURE THAT YOUR APPLICATION, PLOT PLAN, AND BLUEPRINTS ARE AS COMPLETE AS POSSIBLE TO ENSURE THAT THE PERMITTING PROCESS IS NOT DELAYED. A \$50 FEE WILL BE LEVIED IF THE INSPECTOR NEEDS TO PERFORM A SECOND PLAN REVIEW.

☐ DRIVEWAY PERMIT – REQUIRED/ISSUED BY THE INGHAM COUNTY ROAD COMMISSION (1-800-968-9733)

REMINDER Permit must be <u>ISSUED</u> before work begins. Submittal of an application does not allow you to start the project. Fines may be issued for non-compliance.

24- HOUR NOTICE REQUIRED FOR ALL INSPECTIONS 517 521-4929

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(PROJECTS INCLUDING A BATHROOM) - (887-4312)

☐ APPLICATION FEE

BUILDING PERMIT APPLICATION TOWNSHIP OF WILLIAMSTOWN PLEASE PRINT

B,P. No.

| Date | PHONE (517) 655-319 | 3 I FAX (517) | 655-3971 | Final Date | |
|--------------------------------------|--|--|---|-----------------------------|--|
| Application for: New Constr Deck | ruction Remodel Addition Pool Sign | ☐ Accessory ☐ Grading | ☐ Demolition ☐ Rero ☐ Other | | |
| Describe Work: | | | | | |
| Street Address | | City | Post Of | fice | |
| Lot No. Subo | division | I | | | |
| Owner | Mailing Address | ZIP | Phone | | |
| Contractor | Mailing Address | ZIP | Phone | License No. | |
| Architect or Designer | Mailing Address | ZIP | Phone | Registration No. | |
| Engineer | Mailing Address | ZIP | Phone | Registration N | |
| Size of Structure or Addition | Valuation of Work \$ | | Permit Fee | | |
| I understand the this is an appli | cation for permit and does not guarante Signature | ee approval or iss | suance of said permit. Date | <u> </u> | |
| | FOR TOWNS | HIP USE ONLY | | | |
| Sewer Permit No | | Occupancy Gr Sidwell Building Site P | trict oup No lan | | |
| Permit to be sent to: ☐ Owner | □ Contractor # | | ☐ Flood Plain | ☐ Conforming☐ Nonconforming | |
| Application Accepted By: | Date | | □ Wetlands | L Noncomorning | |
| Fee Received: | Fee Received: Date | | If Nonconforming Assessed Value of Structure: | | |
| Ву | Receipt No | | | | |
| ☐ Approv | | | Proposed Construction | | |
| Building Permit No. | (Building Official) ved □ Denied Date of Issue | | or Use If Nonconforming Variance Approved w/Condition | □ Nonconforming □ Approved | |

INSURANCE ADDENDUM TO BUILDING PERMIT APPLICATIONS (To be filed by Residential Builders or Licensed Applicant)

| 1. | License Number | | | | |
|---------------------|---|--|--|--|--|
| | Number | | | | |
| | Expiration | | | | |
| | Date | | | | |
| 2. | Insurance Carrier(s) providing worker's disability compensation insurance to applicant | | | | |
| | | | | | |
| | Or reason for exemption | | | | |
| | | | | | |
| 3. | IRS Employer Identification Number | | | | |
| | Or reason for exemption | | | | |
| | | | | | |
| 4. | MESC Employer Number | | | | |
| | Or reason for exemption | | | | |
| | | | | | |
| F= | C. L. A. L. C. 4072 A. Hu. 220 of the Dublic Acts of 4072 hoing | | | | |
| Se | ection 23a of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being ection 125.1523a of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the censing requirements of this state relating to persons who are to perform work on a residential building or residential structure. Violators of Section 23a are subject to civil fines. | | | | |
| <u> </u> | | | | | |
| | | | | | |
| | | | | | |
| Pri | nted name of Applicant | | | | |
| Sig | nature of Applicant | | | | |
| Date of Application | | | | | |
| Ahl | DICCCION | | | | |

(Form for compliance with Public Act 135 of 1989 - 11-2-89)

CALCULATIONS / WORKSHEET FOR MICHIGAN UNIFORM ENERGY CODE

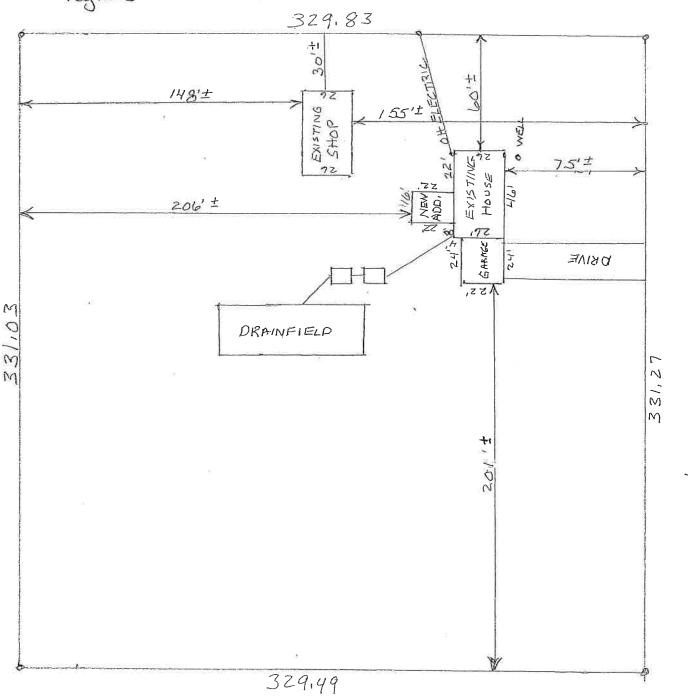
GROSS EXTERIOR WALLS AREA: (Wall height is measured from the mud sill to top of wall) Lenght of walls Height of walls Total Gross Sq. Ft. Exterior wall area Total Square Ft. of openings in walls % of Openings in Wall Sa. Ft. of openings Sq. Ft. of Walls **BASEMENT WALLS:** Indicate the height of basement walls that extends above grade. If grade varies, then indicate average hieght of exposed basement wall. Calculate sq. ft. of exposed basement walls Lenght of walls Height of walls Toital Sq. Ft. of exposed basement wall area Sq. Ft. of exposed basement wall % of exposed basement wall area =

Sq. Ft. of gross exterior wall area

(Use the gross Sq. Ft. of exterior wall area from above)

SITE PLAN EXAMPLE

- · all set backs
- · accurate lot dimensions
- · underground or · legible . over head whilities



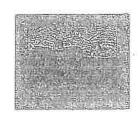
BARTON ROAD

Patrick E. Lindemann

Ingham County Drain Commissioner

PO Box 220 707 Buhl Avenue Mason, MI 48854-0220

Phone: (517) 676-8395 Fax: (517) 678-8364



Carta Florence Clos
Deputy Drain Commissioner
Cocela Kramer
Deputy Drain Commissioner
Paul C. Prail
Deputy Drain Commissioner
Deputy Drain Commissioner
Chief of Engineering and Inspection
Sheldon Lewia
Administrative Assistant

SOIL EROSION PERMIT WAIVER

| Date | Waiver# | | | | | |
|---|---|--|---|--|--|--|
| Applicant | | | - | | | |
| Address | City | | State | _ Zip | | |
| Phone | | _ Har # | | <u> </u> | | |
| Owner | | Phone | 0: | 3. | | |
| Address | City | | State | _ Zip | | |
| Project Address | | | | | | |
| Type Of Change | Township | | | | | |
| Property Tax ID # | | -N.S. | Section | | | |
| Drain Number | _ Drainage District | | | | | |
| Dear Applicant: | | | | Ĭ. | | |
| This is to advise you that from Sedimentation Control of the Nat 1994, as amended, being section as P. A. 347 of 1972), a Soil Erosio | tural Resources and East 324.9101 to 324.91 | Environmental F 123 of the Mich | Protection Act 451 Igan Compiled La | , of the Public Acts of ws (previously known | | |
| This office has determined that the activity is more than 500 feet from or the activity does not require a promacquiring any other application proposed drainage and grading responsibility for any and all damage. | n a regulated water bo permit under Rule 170 able permits through plans has not been | dy and the amo 5 (R323.1705). federal, state, performed for | ount of earth chang This walver does county, or local a this project and t | ge is less than an acre not exempt any party agencies. Review of | | |
| If the scope of your activity chang submitted to this office, a permit stop any activity not in compliance | may be required. As | the County En | forcing Agent, we | ion is contrary to that have the authority to | | |
| I, the undersigned affirm that the Agency on this date, and* I undersanctions. | project referenced a pistand that if the run | bove will be co off is increased | mpleted as descr d by this project I | ibed to the Enforcing may be liable to civil | | |
| Applicant's Signature: | : | | Date | 4 | | |
| Reviewed and approved by: | | | Date _ | | | |

BUILDING PERMIT EXPIRATION

The BUILDING PERMIT will be valid for 180 days from the ISSUE DATE.

Upon request, the permit can be extended for an additional 180 days, provided an inspection has been done by the Township Building Inspector within the original 180 days.

If an inspection has not been done by the Township Building Inspector within the original 180 days, an extension is not guaranteed, but will be considered upon request & discussion with the Building Inspector.

If the permit is extended, work may continue. If the permit is not extended, it is considered EXPIRED and work cannot continue until a new permit is applied for and issued.

The NEW PERMIT FEE will be adjusted to reflect the value of the work remaining to complete original project.

An inspection MUST be done within the 180 day extension, or the permit will be CANCELLED.

If the APPLICANT wishes to CANCEL the permit, a written request must be made to the Township office. Only upon receipt of this request will a refund of the remaining building permit fee be given.

*NOTE: Many Homeowner Insurance Companies require proper inspections (building, electrical, etc.) to insure your home and to process your claims. It is to your benefit to have all inspections made.

Building Inspector Williamstown Township 655-3193